

## Foster Family Home - Corrective Action Report

Provider ID: 1-180022

Home Name: Remedios Salazar Domanico,  
CNA

Review ID: 1-180022-1

94-534 Loaa Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 6/7/2018

End Date: 6/7/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1-Home visit made for a new 2 client CCFFH certification survey. Home is in compliance with all requirements and will receive a 1 year 2 client certification.

Carrie Wakai  
Compliance Manager

6/7/18  
Date

Remedios Domanico  
Primary Care Giver

6/7/18  
Date